New England Deaconess Hospital

pulse

185 Pilgrim Road, Boston, Massachusetts VOLUME 34—NUMBER 29 AUGUST, 1981

Dennis Monty, chief electronics technician, instructs Mary Martin, R.N., coronary care unit, on the operation of an intra-aortic balloon pump, a device which perfuses coronary arteries in patients with heart disease. Electronics department members regularly train physicians, nurses and technologists in the operation of sophisticated medical equipment.

Electronic "physicians" maintain a variety of hospital equipment

Deaconess physicians and nurses increasingly rely on an array of sophisticated electronic equipment to aid in diagnosing, treating and monitoring NEDH patients. But what happens when these machines become "ill"?

The answer to this question goes back some 35 years when an electronics department was established at NEDH at the urging of Dr. Shields Warren, a Deaconess pathologist, and Dr. Joseph Marks, head of the radiology department. NEDH's electronics department became the first such hospital-based unit in the country to repair both medical and nonmedical electronic equipment under one roof. In those days, one technician easily could service the hospital's stock of 11 pieces of electronic medical equipment.

Over the years, however, developments in modern medicine have brought about a phenomenal growth in the hospital's use of sophisticated medical electronics. The hospital currently uses over 4500 pieces of complex electronic equipment which perform a wide-range of tasks from diagnostic and therapeutic procedures to maintaining building security.

Reflecting this tremendous growth in medical equipment use, NEDH's electronics department, headed by Charles Spalding, assistant director of the maintenance and engineering department, currently numbers five fulltime, biomedical repair technicians.

Under the supervision of Dennis Monty, "electronic physicians" Dick Hatch, Dan Healy, Bob McNulty, and Paul Haberzettl administer their recuperative skills to many "patients". On any given day, their OR list of procedures can include anything from quick surgery for a short-circuited chemistry lab machine to a major organ transplant for a pocket-beeper, which had fallen underfoot of a physician responding to an emergency call.

Whether they're called upon to repair an intra-aortic balloon pump or a television set, Mr. Monty says it all boils down to knowing "good basic electronics. The biomedical/physiological part you can learn on the job," he said. "We keep up-to-date on new developments by attending seminars sponsored by the equipment manufacturers, and by studying on our own."

Since the electronics department is in-house, a technician can respond immediately to a call from critical care areas in the hospital. "You couldn't possibly get that type of service with an

(continued on page 6)

NEDH begins specialized OR radiotherapy program

Beginning in October, Deaconess radiotherapists and surgeons will attempt to improve treatment for malignant abdominal tumors through the use of radiotherapy during surgery. The radiotherapy will be delivered in the first hospital operating room in the country to be specially designed for this procedure.

By giving radiation treatment directly to the tumor area, NEDH radiotherapists expect to be able to increase the dosage while sparing normal tissue. According to Dr. Tyvin Rich, NEDH radiotherapist and chief investigator for the intraoperative radiotherapy program, "Abdominal tumors are difficult to control partly because of the extreme sensitivity of surrounding organs and structures. To have any effect at all, the dose has to be high, but then you run the risk of damaging those organs," he explained. "With intraoperative radiotherapy, certain organs can be pushed aside so that little normal tissue is exposed to the radiation, while the tumor receives an optimal dose."

"The procedure is not new – hospitals in Japan, and Howard University and Massachusetts General Hospitals in this country, have used the procedure for the past several years," Dr. Rich continued. "What makes the Deaconess installation unique is the fact that the operating room was designed specially for the procedure. We feel we've set up an ideal situation in which to study the efficacy of intraoperative radiotherapy in controlling abdominal tumors," he explained.

Out of approximately 1800 oncology admissions at NEDH each year, some 200 patients may be suitable for intraoperative radiotherapy. Advanced cancers of the pancreas and gastrointestinal and bile tracts will be considered for this procedure after consultation between a radiotherapist and the patient's surgeon. The procedure also has the potential for being used in the head, neck and thoracic regions.

A team of radiotherapists, surgeons, medical oncologists, nurses and technicians have collaborated on the organization of this program over the past year. Surgical, radiotherapeutic and oncology staff members will continue to meet to discuss patient eligibility criteria, and assure the smooth implementation of the program.

Dr. Samuel Hellman, director of the Joint Center for Radiation Therapy (JCRT), John T. Chaffey, director of the NEDH division of JCRT, and their colleagues had discussed the feasibility of initiating an intraoperative radiotherapy program at the Deaconess several years ago. The hospital's concurrent plans to renovate surgical

(continued on page 2)

"PEP" course helps employees plan future

Walter Hallowell started financial planning for his retirement the day he married in 1954. But until this year, he didn't know how he'd make the transition from working 9 to 5, 5 days a week for 40 years, to having an unlimited amount of time for himself.

Former Assistant Social Service Director Mary deBettencourt knew how she wanted to use her free time after she retired from the Deaconess last month, but she was interested in learning more about the physical and psychological aspects of aging.

Both employees found answers to their questions through a Post Employment Planning (PEP) course offered by the Deaconess Personnel Department this past spring. The seven-week pilot program, which covered topics such as financial planning, use of time, and health and nutrition, was open to all employees who met the minimum eligibility requirements for early retirement (age 55 and 10 years of service).

Walter, who works in maintenance and engineering, found that the program broadened his knowledge of the opportunities available to people who have retired from fulltime employment. "I wasn't aware of all the services

(coninued on page 2)

Radiation therapy *(continued from page 1)*

suites offered JCRT physicians the opportunity to request several features which would make intraoperative radiotherapy possible.

Tracks have been placed on the ceiling of one operating room to allow mounting of a small radiation machine and cables. Control systems in an adjacent room have been installed so NEDH anesthetists can have direct control over the patient's respiration from outside of the room. NEDH personnel will be able to observe the patient through a window in addition to watching television monitors. "Of course, the surgical team has to leave the room when radiotherapy is given," said Dr. Rich. "At other hospitals the patient is watched on a monitor. Although these institutions haven't had trouble with that method, we feel that direct anesthesia monitoring is an extra safety feature which further minimizes any risk," Dr. Rich noted. At NEDH, radiation shields have ben applied to the walls of the operating room to assure safety for all other people in the area.

Aside from this direct visualization and control of the patient's respiration, the Deaconess will differ from other hospitals in the world by using an orthovoltage machine to deliver radiation treatment during surgery. An orthovoltage unit is smaller, less expensive and has a lower penetrating power than a linear accelerator, a more complex machine generally used to deliver radiotherapy. The treatment time with the smaller machine will take from 10 to 20 minutes.

The Deaconess procedure differs from other institutions in that the patient does not have to be transported from the operating room to receive radiotherapy. Therefore, the patient requires less time under anesthesia, and the risk of developing an infection is reduced. By remaining in the operating room, fewer nurses and technicians are needed to care for the patient, and there is no interruption of operating room procedure, or of the outpatient schedule in the radiotherapy department.

Intraoperative radiotherapy will be used in an overall treatment plan which will include radiotherapy following surgery to eliminate potential local/regional spread of microscopic disease. In some cases, preoperative radiotherapy may be given. For example, if a patient came to the Deaconess with a previous diagnosis of an inoperable pancreatic tumor, external radiotherapy could be given first. If the tumor responded favorably, then intraoperative radiotherapy might be beneficial.

In a more typical situation, however, a person with a suspected pancreatic tumor would be evaluated for the intraoperative radiotherapy option by a surgeon and radiotherapist before surgery. If the tumor proved to be malignant and inoperable, then the intraoperative radiotherapy procedure could be done immediately. This way, a person would undergo only one administration of anesthesia and one surgical procedure.

"There is some encouraging data from institutions in Japan which use this technique in a slightly different way. They give a larger dose of radiation during surgery and none pre- or postoperatively," said Dr. Rich. "They've shown that the acute toxicity is within an acceptable range, that infection is not a problem and that the patient's recovery time is not impaired."

NEDH surgeons and radiotherapists hope that intraoperative radiotherapy might prove to be a way to deliver a high enough dose of radiation to kill tumor cells, while minimizing its potentially harmful effects on a patient. Dr. Albert Bothe, assistant to the NEDH department of surgery chairman, has seen the effects of long-term radiation treatments on the abdominal area in his work with people who must receive nutrients intravenously because their digestive system has been disabled.

"What each separate modality has to offer these patients with advanced abdominal disease is poor," said Dr. Bothe. "Through intraoperative radiotherapy, we'll be extracting the most successful techniques from each discipline and combining them. With the development of more sophisticated radiological tests," he explained, "we may reach the point where we can tell if a tumor is removable before surgery. If not, then we can open a patient just to deliver radiation treatment."

NEDH physicians also will explore the effectiveness of adding a drug – misonidazole – to the intraoperative therapy program. The drug is designed to sensitize tumor cells to radiation treatment. "We're trying to achieve the best of both worlds by giving a large dose of radiation while sparing the normal tissue, and adding a drug to increase the treatment's impact," said Dr. Rich.

"With this procedure, we expect to halt the progression of disease, ease the patient's pain and alleviate obstructions in the gastrointestinal and bile tracts," he continued. "But, ultimately, we're looking to cure the disease in addition to improving the quality of life for people with deep-seated, abdominal tumors."

PEP *(continued from page 1)*

which exist to help older people find housing, part-time employment, or to continue their education," said Walter. "You've got to build a life for yourself outside of work and develop future plans."

Increasing attention has been focused on people nearing retirement age due to the current high inflation rate, concern over the federal social security program and longer life expectancy. As a result, many institutions, including the Deaconess, have seen the need to better prepare employees to cope with the changes that accompany retirement.

"When a person retires today, they usually have 15 to 20 years ahead of them to enjoy," said Marguerite Welch, PEP program coordinator. "We want to help Deaconess employees get the most out of those years by helping them develop the resources they need to plan ahead. Too often people equate preretirement planning only with financial concerns, while there are many other issues to consider."

In preparation for the program, the personnel department sent questionnaires to 300 Deaconess employees. They were asked to select topics in which they were interested, and for which they wanted more information in preparation for retirement. Recent retirees also were surveyed for their suggestions. Based on questionnaire responses, a program was developed consisting of two-hour weekly presentations by specialists in various areas, including housing, legal affairs and social security. Dr. James L. Tullis, former department of medicine chairman, and Ruth Clark, staff project dietitian, discussed health and nutrition during one session. Sister Eileen Driscoll, a preretirement consultant, set the tone of the program in her opening remarks when she discussed the need for people to take inventory of their skills and interests, reorganize their commitments, and welcome a new phase of their lives.

Mary deBettencourt found the Deaconess program to be particularly helpful because it emphasized what she termed the "humane aspects" of adjusting to a change in lifestyle. "While supplying practical, financial information, the PEP program was also health-oriented," said Mary. "For example, Dr. Tullis discussed the type of illnesses people may face as they age, and how to deal with them. Spouses also were invited to attend the sessions, a good idea because a couple has to adjust together to a change in their normal routines," she continued.

"Providing this information for employees makes the thought of retirement less threatening because they start thinking about it several years in advance. Otherwise, it just creeps up on you and suddenly you have major decisions to make without adequate preparation," she commented.

After nine years at the Deaconess, and 20 years in a social service career, Mary plans to travel before gradually becoming involved in community activities. "One danger is in feeling pressure to jump into a number of activities right away. Certainly you don't want to stagnate, but then again, as Sister Eileen said, it's an opportunity to 'think, feel and listen'" concluded Mary.

The next PEP course, which is accredited by Roxbury Community College, will start in October. For more information on the program, call Marguerite Welch, personnel department, 732-8150.

NEW ENGLAND DEACONESS HOSPITAL
School of Nursing Alumnae Association
Thirteenth Annual Alumnae Reunion Day
November 7, 1981
Audrey K. Kennedy Hall
1 Autumn Street, Boston, Massachusetts 02215

8:30- 9:30 a.m.	Coffee and Registration
10:00-10:45 a.m.	Business Meeting–Auditorium National League for Nursing Convention Report–Susan Koegler
11:00-12:00 a.m.	Program: Jack Flaherty, R.N., nursing care coordinator, NEDH Mental Health Unit, will discuss stress.
12:45 p.m.	Luncheon Valle's Restaurant–Newton Presiding: Lois Schulz, president of NEDH School of Nursing Alumnae Association Greetings from Laurens MacLure, NEDH president

In order to accommodate everyone at the luncheon, we must ask for advance registration. Donations of $10 and the reservation card below must be mailed by October 16, 1981. Parking will be available at no charge in the Pilgrim Road Garage opposite Audrey K. Kennedy Hall.

PLEASE COMPLETE AND RETURN THE BOTTOM HALF

ALUMNAE REUNION DAY

Name_____
(first) (maiden) (married)

Class_____I plan to attend: Yes ( ) No ( )

Will you be needing transportation to Valle's Restaurant? Yes ( ) No ( )

Will you be able to offer transportation to those needing rides to Valle's? Yes ( ) No ( )

If so, how many will you be able to accommodate?

Note: Please enclose a check for $10 made payable to the Alumnae Association of the School of Nursing of the New England Deaconess Hospital, and send to Priscilla Archibald, 63 Hollywood Road, West Roxbury, Mass. 02132.

DEADLINE: OCTOBER 16, 1981

Deaconess News in Brief

Dr. Jacob J. Lokich, chief of the NEDH Medical Oncology Section, has received a grant from the American Cancer Society to fund a videotape production. The videotape will be used to instruct patients undergoing chemotherapy via an ambulatory infusion pump (see March, 1981 issue of PULSE).

Dr. Charles F. Arkin, director of the hematology laboratory and chief of clinical pathology at NEDH, has been elected to a two-year term as treasurer of the Massachusetts Society of Pathologists, Inc.

Robin Hoffman, an NEDH clinical dietitian, has been appointed to the executive committee of the board of directors for the Greater Boston Diabetes Society (GBDS). The committee's responsibilities include policy formation, administration and long-term planning for GBDS, a nonprofit, volunteer health agency sponsored by the United Way organization.

Dr. Daniel Miller, chief of the NEDH Ear, Nose and Throat (ENT) division, was elected president, and delivered the opening address, at a recent meeting of the American Laryngological Association in Vancouver, British Columbia. **Dr. William V. McDermott,** Cheever Professor of Surgery at Harvard Medical School and chairman of the NEDH Department of Surgery, was guest speaker and delivered an address on graduate education entitled "The Coelacanth and the Hominid." Dr. McDermott also spoke at a scientific symposium on cancer during the centennial ceremonies held at the Hamot Medical Center in Erie, Pennsylvania.

Phyllis Wasserman, assistant volunteer coordinator, published an article on working with transitional volunteers in the summer issue of "The Volunteer Leader," a national American Hospital Association publication.

Nurse Epidemiologist **Julie White,** R.N., has co-authored an article comparing reactions among women receiving one of two rubella vaccines. The piece will appear in a future issue of the American Journal of Epidemiology.

Louise C. Walker, 80, a former chef at NEDH for 30 years, died on July 7. A memorial service for Mrs. Walker was held at the Deaconess in the Arther T. Dooley Chapel.

Staff Project Dietitian **Ruth Clark** recently lectured on nutrition at a womens' business group meeting held at Interactive Data Corporation in Waltham.

Cathy Randall, a medical laboratory technologist in clinical chemistry, was presented with the "Honor Graduate Award" upon her graduation from the First U.S. Army Noncommissioned Officers Academy, Camp Edwards. Staff Sergeant Randall received the highest leadership evaluation and academic point average among 250 graduates who completed a basic noncommissioned officers (NCO) course. She has served five years with the army reserve, and currently works as assistant retention NCO with the U.S. Army Reserve's 351st General Hospital in Bedford.

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Nancy Seideman, Editor

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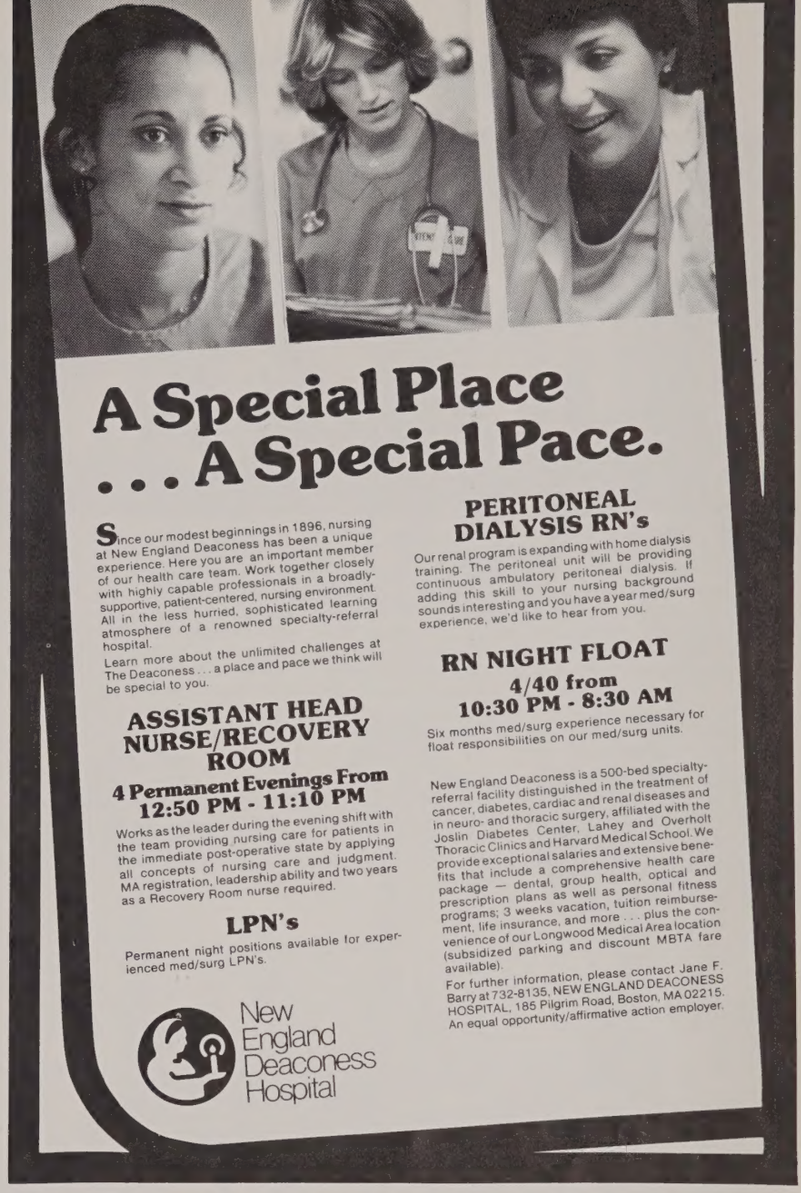
Seven complete dietetic internship program

Seven women graduated from an 11-month dietetic internship program at NEDH on July 15. The internship is a component of a master's program offered at Boston University. The students attended classes at the university while gaining on-the-job experience in the Deaconess Department of Dietetics. The graduates were: (l-r) Susan Rousse, Trish Kearney, Christine Jacobson, Marlene Schwartz Leffell, Cindi Gray, Valerie Thorp and Janice Rappaport. The interns are now eligible to take an examination to become registered dietitians approved by the American Dietetic Association.


A Special Place
. . . A Special Pace.
Since our modest beginnings in 1896, nursing at New England Deaconess has been a unique experience. Here you are an important member of our health care team. Work together closely with highly capable professionals in a broadly-supportive, patient-centered, nursing environment. All in the less hurried, sophisticated learning atmosphere of a renowned specialty-referral hospital.
Learn more about the unlimited challenges at The Deaconess . . . a place and pace we think will be special to you.
ASSISTANT HEAD NURSE/RECOVERY ROOM
4 Permanent Evenings From 12:50 PM - 11:10 PM
Works as the leader during the evening shift with the team providing nursing care for patients in the immediate post-operative state by applying all concepts of nursing care and judgment. MA registration, leadership ability and two years as a Recovery Room nurse required.
LPN's
Permanent night positions available for experienced med/surg LPN's.
PERITONEAL DIALYSIS RN's
Our renal program is expanding with home dialysis training. The peritoneal unit will be providing continuous ambulatory peritoneal dialysis. If adding this skill to your nursing background sounds interesting and you have a year med/surg experience, we'd like to hear from you.
RN NIGHT FLOAT
4/40 from 10:30 PM - 8:30 AM
Six months med/surg experience necessary for float responsibilities on our med/surg units.
New England Deaconess is a 500-bed specialty-referral facility distinguished in the treatment of cancer, diabetes, cardiac and renal diseases and in neuro- and thoracic surgery, affiliated with the Joslin Diabetes Center, Lahey and Overholt Thoracic Clinics and Harvard Medical School. We provide exceptional salaries and extensive benefits that include a comprehensive health care package — dental, group health, optical and prescription plans as well as personal fitness programs; 3 weeks vacation, tuition reimbursement, life insurance, and more . . . plus the convenience of our Longwood Medical Area location (subsidized parking and discount MBTA fare available).
For further information, please contact Jane F. Barry at 732-8135, NEW ENGLAND DEACONESS HOSPITAL, 185 Pilgrim Road, Boston, MA 02215.
An equal opportunity/affirmative action employer.
New England Deaconess Hospital

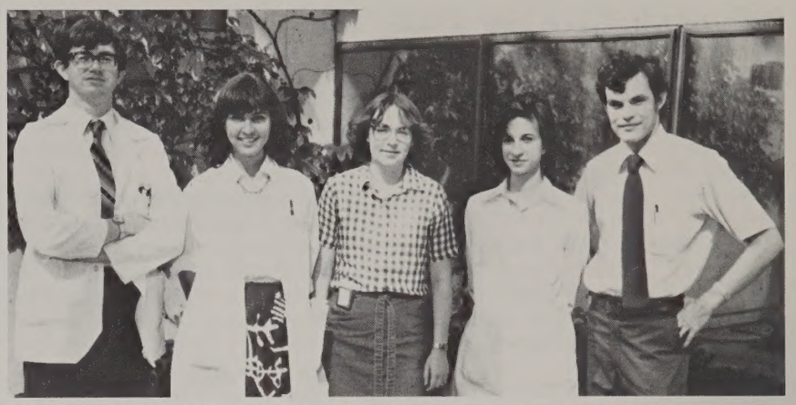
Look For Familiar Faces in the Boston Globe

Deaconess staff members are being featured prominently in the hospital's new personnel recruitment campaign in the Boston Globe. Reprinted above is an advertisement currently appearing in the series, introducing three Deaconess employees: (l-r) Linda Trimmier, R.N., hemodialysis; Marsha Wood, R.N., intensive care unit; and Lisa Albrecht, R.N., pharmacy.

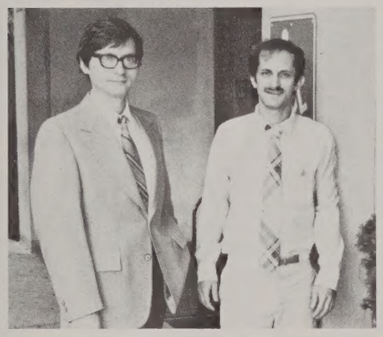
The advertising theme, "A Special Place, A Special Pace," refers to the working environment that makes the Deaconess such a unique employment experience. The advertisements, which appear in the Medical and Business Help Wanted pages, will feature the faces of different NEDH employees over the coming months. So, watch the pages of the Boston Globe for familiar faces of the Deaconess!

Residents and Fellows who will be part of

GENERAL SURGERY: *(first row, l-r) Drs. Lorne E. Weeks, III, (3rd yr. resident) University of Rochester College of Medicine; Andrew Bender, (2nd yr. resident) Tufts University School of Medicine; Peter Mee, (1st yr. resident) Tufts University School of Medicine; Robert Quinn, (2nd yr. resident) Ohio State University College of Medicine; Peter Hopewood, (chief resident) University of Vermont College of Medicine; William Durkin, Jr., (2nd yr. resident) Georgetown University School of Medicine; M. Timothy Hresko, (1st yr. resident) Columbia University College of Physicians and Surgeons; (second row, l-r) Louis M. Jurist, (1st yr. resident) University of Pennsylvania College of Medicine; Charles A. Hergrueter, (1st yr. resident) Harvard Medical School; Geoffrey P. Dunn, (3rd yr. resident) Jefferson Medical College; R. Kirk Bohigian, (1st yr. resident) Tufts University School of Medicine; Michael Gordon, (chief surgical resident) Tufts University School of Medicine; (not pictured) Carol Williams (4th yr. resident) University of Connecticut College of Medicine.*

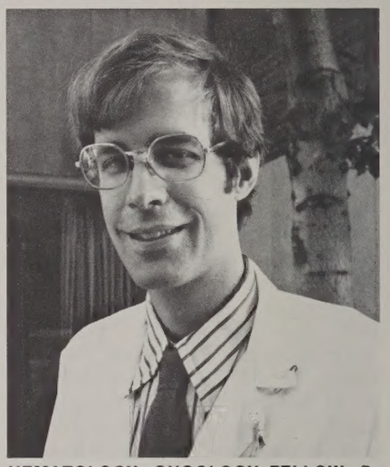


CLINICAL PATHOLOGY: *(l-r) Drs. Carl J. O'Hara, (2nd yr. resident) Georgetown Medical School; Beverly Stearns, (3rd yr. resident) Albany Medical College; Mary Alyce Mooney, (3rd yr. resident) Ohio State University College of Medicine; Eliana Passega, (5th yr. resident) University of Cattolica Medical School, Rome; Patrick J. Dean, (3rd yr. resident) Georgetown University School of Medicine.*

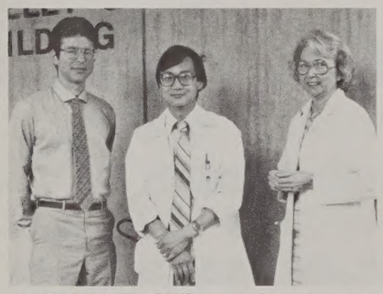


← **INFECTIOUS DISEASE:** *(l-r) Drs. George M. Eliopoulos, (3rd yr. fellow) Harvard Medical School; Bruce Farber (3rd yr. fellow) Northwestern University School of Medicine.*

→ **PULMONARY:** *(l-r) Drs. J. Daniel Grigas, (1st yr. fellow) University of Florida College of Medicine; Leslie Sebba, (1st yr. fellow) University of Cape Town College of Medicine; Rimas Maurukas (1st yr. fellow) Ohio State University, College of Medicine.*

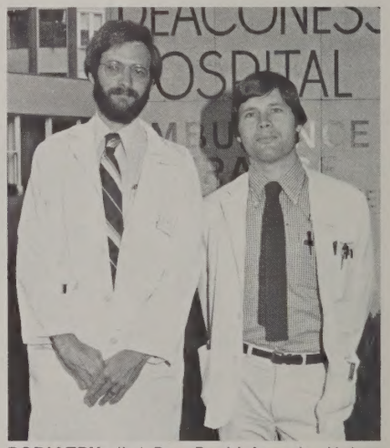


HEMATOLOGY–ONCOLOGY FELLOW: *Dr. Harry Matelski, (1st yr. fellow) Hahnemann Medical School.*



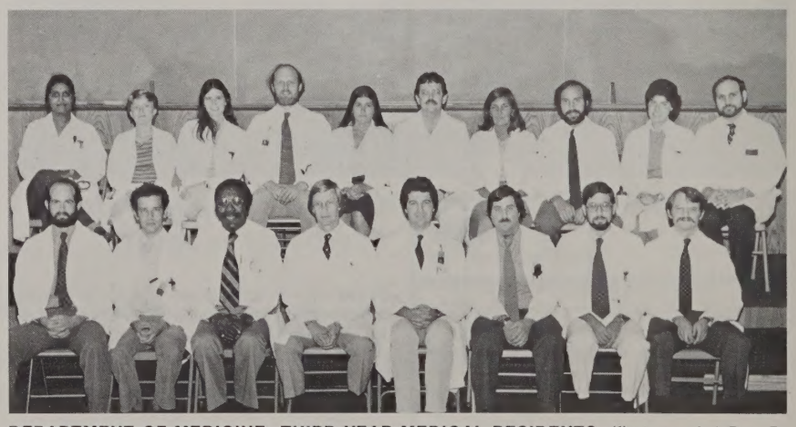
ALLERGY FELLOWS: *(l-r) Drs. Lawrence Barry Schwartz, (3rd yr. fellow) Washington University College of Medicine; Chong W. Lee, (1st yr. fellow) New York University Medical School; Doris S. Pennoyer, (2nd yr. fellow) Columbia University College of Physicians and Surgeons. Not pictured: Julian Melamed, (2nd yr. fellow) University of the Witwatersrand, South Africa.*

JOSLIN DIABETES FELLOWS: *(l-r) Drs. Joseph Giangola, (1st yr. fellow) University of Bologna; Ron J. Hsieh, (1st yr. fellow) College of Human Medicine, Michigan State University; Robert Ratner, (chief fellow) Baylor College of Medicine; Cornelis van der Hoek, (1st yr. fellow) Erasmus University of Rotterdam; Luis Silvangnoli, Jr., (1st yr. fellow) University of Puerto Rico, School of Medicine; William A. Shapse, (1st yr. fellow) University Lourain, Belgium; Dwight Shen, (1st yr. fellow) Boston University School of Medicine, Rolando Jardeleza, (1st yr. fellow) University of the Philippines College of Medicine; Peter Wyman, (1st yr. fellow) University of Massachusetts Medical Center.*



PODIATRY: *(l-r) Drs. David Agoada, (1st yr. resident) Pennsylvania College of Podiatric Medicine; Frank Stuhr, (2nd yr. resident) California College of Podiatric Medicine.*

DEPARTMENT OF MEDICINE–SECOND YEAR MEDICAL RESIDENTS: *(first row, l-r) Drs. Ferdinand F. Anderson; Robert H. Brew; Kathleen A. Eagen, Robert C. Moellering, department of medicine chairman; B. Taylor Thompson, chief resident; John J. Pippin, Monique Peacocke; Barbara A. DeBuono; (second row, l-r) Michael P. Savage; Margaret L. McLaughlin; Joseph C. Lei; Michael W. Schuster; Mark P. Lebeis; Thomas S. Wilson; Brenda C. Minor; Michael G. Estridge, Gregory Kenien; (not pictured) Aldo R. Esposito; Richard F. Horan; Dean F. Markham; John C. Welch; Joanna K. Zawadzki; Joel H. Epstein.*



DEPARTMENT OF MEDICINE–THIRD YEAR MEDICAL RESIDENTS: *(first row, l-r) Drs. B. Taylor Thompson, chief resident; Larry C. Borish; J. Jacques Carter; Robert C. Moellering, department of medicine chairman; H. Manning Curtis; Jonathan Diamond; Edward A. Mascioli; William A. Jensen; (second row, l-r) Prem Ramdev; Elaine M. Sloand; Jo-Ann Manson; Eric H. Hanson, Marie A. Delcambre; Douglas G. Gresham; Marcia J. Browne; Rodney F. Hochman; Terry B. Gernsheimer; Michael Gogjian; (not pictured) Philippe A. Deleamont; Jonathan A. Kass, Carol A. Vasconcellos.*

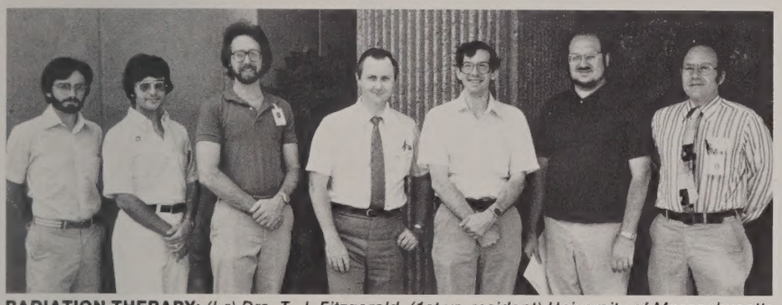
the Deaconess Family for coming year

ANATOMIC PATHOLOGY: *(first row, l-r) Drs. Richard Graul, (6th yr. resident) Washington University College of Medicine; Edward Adamovich, (5th yr. resident) Ohio State University College of Medicine; William D. Travis, (1st yr. resident) University of Florida College of Medicine; Zsolt B. Argenyi, (2nd yr. resident) Semmelweis Medical University of Budapest; (second row, l-r) Lillian W. Gaber, (2nd yr. resident) Ain Shams University, Egypt; Inaan Mardelli, (3rd yr. resident) American University School of Medicine, Beirut; Jeff Medeiros, (2nd yr. resident) University of Massachusetts Medical School; Jean C. Dunn, (3rd yr. resident) Jefferson Medical College.*

HYPERALIMENTATION: *(l-r) Drs. Robert Hoerr, (1sr yr. fellow) Indiana University Medical School; John Liang Duncan, (1st yr. fellow) University of Aberdeen, Scotland; Miquel Echenique, (1st yr. fellow) University of Puerto Rico Medical School; Ramon Martin, Harvard Medical School (1st yr. fellow).*

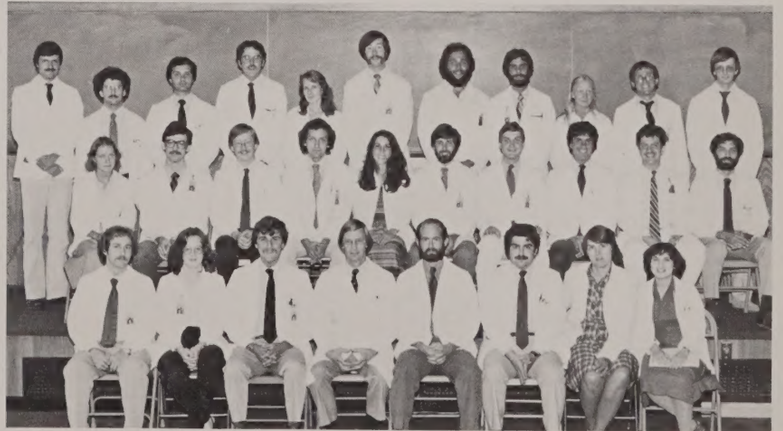
THORACIC: *(l-r) Drs. John Waciuma, (4th yr. resident) Albert Einstein College of Medicine; Patricia Penlowske, (2nd yr. fellow) Washington University College of Medicine; (second row, l-r) Marshall Kramer, (1st yr. fellow) New York Medical College, Karl J. Karlson, (3rd yr. resident) Brown University College of Medicine; Bruce M. Topol, (2nd yr. resident) Northwestern University School of Medicine.*

CARDIOLOGY FELLOWS: *(first row, l-r) Drs. Mario E. Motta, (1st yr. fellow) Tufts Medical School; Barbara Trockman, (1st yr. fellow) University of Hawaii School of Medicine; (second row, l-r) Jonathan B. Albin, (1st yr. fellow) New York University School of Medicine; Mark Blaker, (3rd yr. fellow) Jefferson Medical College; Michael G. Goff, (1st yr. fellow) New York Medical College.*



RADIATION THERAPY: *(l-r) Drs. T. J. Fitzgerald, (1st yr. resident) University of Massachusetts Medical School; Joseph P. Imperato, (1st yr. resident) State University of New York Medical School; Thomas A. Shelden, (1st yr. resident) Tufts University School of Medicine; Alan R. Forbes, (2nd yr. resident) University of Miami College of Medicine; Abram Recht, (1st yr. resident) John Hopkins University Medical School; Eliot Rosen, (2nd yr. resident) University of Pennsylvania College of Medicine; Howard J. Halpern (1st yr. resident) University of Miami School of Medicine.*

DIAGNOSTIC RADIOLOGY: *(first row, l-r) Drs. Edna J. Stratemeier, (1st yr. resident) University of Pittsburgh College of Medicine; D. Jeff Farley, (2nd yr. resident) Medical College of Virginia; Anne Mittelstaedt Koroshetz, (2nd yr. resident) University of Chicago, Pritzker School of Medicine; Robert G. Lee, (3rd yr. resident) University of Massachusetts Medical School; (second row, l-r) Edward J. Duszlak, Jr. (1st yr. fellow) University of Massachusetts Medical School; Lawrence G. Manco, (1st yr. fellow) Tufts Medical School; Ella C. Doo, (1st yr. resident) Medical College of Pennsylvania; David D. Evans, (1st yr. resident) University of Massachusetts Medical School.*



DEPARTMENT OF MEDICINE–FIRST YEAR MEDICAL RESIDENTS: *(first row, l-r) Drs. Steven A. Polakoff; Margaret E. Helming; Peter A. Small; Robert C. Moellering, department of medicine chairman; B. Taylor Thompson, chief resident; Malcolm D. Rosenson; Virginia T. Latham; Heidi Lisker; (second row, l-r) Christine W. Winger; Peter G. Spitzer; Bryan R. Prentice; Barry D. Rinker; Christine D. Emery; Donald L. Emery; Frank L. Anderson; David M. Lombardo; Mark J. Brenner; Joseph Rothchild; (third row, l-r) Raymond F. Regan; Gary L. Weeks; Clement J. Grassi; Stuart W. Zarich; Laurie P. Hammer; Jonathan L. Carter; Richard M. Lubens; Craig C. Berry; Mary A. Albrecht; Bruce M. Becker; Jon W. Cronin.*

Electronics *(continued from page 1)*

outside vendor," said Mr. Spalding. "Most critical care machines are modular, so if a problem can't be resolved on the spot, the section malfunctioning is replaced."

Most of the larger pieces of electronic diagnostic equipment found in the laboratories, as well as the heart monitoring equipment, nurse-call systems and EKG monitors, can be repaired at the location of use. Smaller items, such as "walkie-talkies", televisions and pocket-beepers are brought back to the electronics workshop. With this extensive in-house repair capability, machines rarely are sent to outside vendors for service.

The economic benefit of having in-house electronic repairmen is substantial, according to Mr. Spalding. "Because of their skills, expensive outside repair work is kept to a minimum," said Mr. Spalding. "Quite often, Deaconess electronic technicians can extend the life of costly equipment, which then enables the hospital to invest in even more modern equipment, or other services, to accommodate patient's needs," he continued.

"Frequently the electronics group saves electronics equipment worth several hundreds of dollars by merely replacing a defective 25¢ part." Additional savings also are realized from some outside medical equipment suppliers who deduct up to 25% of their service contract costs when competent, in-house electronic technicians are available. In 1980, it was established that NEDH's electronics department saved the hospital over $200,000, partially by reducing the number of service contracts from outside vendors.

Besides repairing and maintaining the equipment, the electronic technicians also give technical instruction on the operation of new machines to physicians, nurses and technologists.

Electronics department technicians (l-r) Bob McNulty, Dan Healy, Dennis Monty, Dick Hatch and Paul Haberzettl service one of 500 television sets located in patient areas throughout the hospital.

Mary Doucet, R.N., unit teacher for the intensive and coronary care units, depends upon the technicians to help her impart an understanding of electronics to the nurses who staff the critical care floors. "After the electronics technicians teach me how to use the equipment, I'm able to explain most of the equipment myself during a four-week orientation," said Ms. Doucet.

"Dennis comes in to lecture on electrical safety and to discuss how to handle problems that may arise. A more complicated machine, like the intra-aortic balloon pump (increases blood flow to the coronary arteries and decreases energy needed for the heart to pump blood) requires a longer session. I describe the hemodynamic benefits of the pump while Dennis explains the electronics," she said. "This ongoing, day-to-day relationship between the electronics technician and members of the nursing staff increases our knowledge of, and skill in working with, the equipment so we have the ability to determine whether a problem exists with a patient or with a machine," said Ms. Doucet.

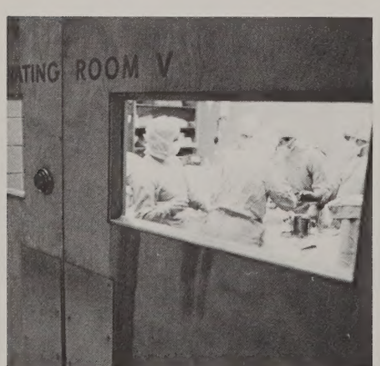
Thirteen students have completed an 11-week clinical pastoral education program at the Deaconess under the supervision of the hospital's pastoral care department. The graduates, who are seminarians, or recently have completed seminary school, conducted various research projects and visited patients while at the Deaconess. The program is accredited by the Association of Clinical Pastoral Education, and is required for ordination by several religions. Graduates and their supervisors were: (first row, l-r) Betsy Sowers; Susan Harding; Vang Cong Tran; M. Jeanne Sproat, supervisor and a canon at Episcopal Cathedral of St. Paul's in Boston; Annamarie Pluhar; Jennifer Phillips; Halley Willcox; Fredrick Schuster, supervisor, Deaconess staff chaplin and associate director of pastoral care; Thomas E. Unz; Susan Van Dreser; Louise Conant; (second row, l-r): Charles W. Kessler, Jr., assistant supervisor, Deaconess staff chaplin; Bart Winters; David Vollinger; Salvador Aguilera; Lars Salins; Guy L. Steele, United Church of Christ Ministry and director of pastoral care at NEDH.

Volunteers receive service award pins

Nine people who volunteered more than 100 hours of service each to the hospital in 1980 recently were hosted by the Deaconess at a breakfast reception held at the Francis A. Countway Library of Medicine in Boston. Over the past year, 172 volunteers worked a total of 20,370 hours in various hospital departments.

During the breakfast, Associate Director Peter Campisano awarded service pins to the following volunteers: Elba Ball, diversional therapy (108) hrs.); Louise Cavallo, gift shop (102 hrs.); Monica Farinella, physical therapy and messenger service (106 hrs.); Bill Grealish, physical therapy (133 hrs.); Jean Hollingshed, gift shop (180 hrs.); Ellen Mack, Diabetes Treatment Unit (103 hrs.); Isabel Patterson, admissions (100 hrs.); Ruth Tehan, diversional therapy (210 hrs.); Sam Weinstein, messenger service (180 hrs.).

Dr. Jacob J. Lokich, chief of the NEDH Medical Oncology Section, was guest speaker at the awards ceremony.



Deaconess refines use of radiotherapy during surgery (see page 1)

Electronic "physicians" cure machines' ills (see page 1)

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